NEWS IN School Health

SCHOOL HEALTH UNIT **WINTER 1997- 1998**

VIOLENCE: IT IS*OUR* PROBLEM!!

Today interpersonal violence comes in all shapes and sizes: from discourteous speech, "bullying" and discrimination to child abuse, date rape and random shootings. Sadly our young people bear a disproportionate share of the physical and psychological effects of violence, both as witnesses and victims. The school setting, as a microcosm of society at large, has had to face--and will continue to face--the challenge of dealing with violence in all its facets.

The first step is awareness of the daily messages of violence. Spend a day and "listen" to these messages. They may come from the media with its too-often focus on force, control and power over others. They may come from the vocabulary commonly used in school classrooms, hallways and locker rooms. They may come from the toys and video games used by children and adolescents. And, they may come from the bruises in both body and spirit exhibited by some of our students. Then ask yourself, "Does my school have a culture which respects individuals through language, behavior, and attitude? Does it reinforce their positive qualities? Does it commend their acts of kindness?"

If the answer is "no," you have taken the first step to identify and solve the problem. Too often violence is considered either not "our" problem or, if recognized, too difficult, complex, or even frightening to confront. The next step is to secure information and resources to address the given identified issue(s). This newsletter is designed to outline a range of topics and resources relating to violence which involves youth. Learn more about the strategies for prevention of each form of violence--and the interventions for all. Always remember that the safety of both students and staff is paramount.

As in any issue involving the school culture, a collective effort which includes administrators, parents, students, teachers, school health personnel, guidance counselors, athletic staff, community agencies and law enforcement is most effective. The school health advisory committee is one forum in which to develop a plan. The plan should be comprehensive with such strategies as conflict resolution education, peer mediation, confidentiality protections for students, linkages to services within the community, planned interventions for students at risk, and, most of all, *daily reinforcement of behavior respectful of others*. Together we ***can*** provide students with a safe haven for learning--and the skills to prevent violence both now and in the future.

Anne H. Sheetz, R.N., M.P.H., C.N.A.A.
Director of School Health

"Never doubt that a small group of thoughtful, committed people can change the world: indeed it's the only thing that ever has!" - Margaret Mead

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
BUREAU OF FAMILY AND COMMUNITY HEALTH

NEWS BRIEFS

WILLIAM P. DORAN SCHOOL HEALTH AWARD: The William P. Doran Foundation is pleased to announce that the 1997 William P. Doran Award recipients are Polly Davis of Pioneer Valley Regional School District and Christine Lee of Framingham Public Schools. The award is intended to recognize school nurses in the Commonwealth of Massachusetts who have made significant contributions to the health of children and adolescents, while maintaining high standards of professional and personal integrity. Members of Bill Doran's family were present at the award ceremony, which took place at the annual Massachusetts School Nurse Organization meeting in Marlboro on October 18,1997. Applications for the 1998 award may be obtained from the School Health Unit, Massachusetts Department of Public Health, (617) 624-5070. Nominations must be made by May 1, 1998.

SCHOOL PHYSICIANS ORGANIZATION: Drs. Alan Stern, Linda Grant, and Carole Podolsky are working with the Department to identify the major issues which school physicians face. To this end, a questionnaire was mailed to 340 school physicians requesting information about their roles, educational needs, etc. After results are compiled, a conference for Massachusetts school physicians is being planned for April 1, 1998. A regional conference for physicians in the six New England states is under discussion. Thanks are extended the Massachusetts school physicians who completed the survey

DEVELOPMENT OF A PLAN TO IMPLEMENT THE RECOMMENDATIONS OF THE SPECIAL COMMISSION ON SCHOOL NURSING SERVICES: The Commonwealth's FY 1998 budget appropriated funding to the Massachusetts Department of Public Health *"For the development of a plan delineating the implementation of the recommendations submitted by the special commission relative to the provision of school health services in the commonwealth established pursuant to section 585 of chapter 151 of the acts of 1996; provided, that said plan shall include, but not be limited to, a projection of costs and funding sources associated with said implementation, the identification of mechanisms to promote the development of collaborative partnerships between school districts, health care providers, and health care insurers, and the identification of criteria necessary to insure that school health services are targeted to high priority sites, and provided further that, said plan shall be submitted to the house and senate committees on ways and means no later than April 1, 1998." (General Appropriations Acts # 4590-0350)* The Department has engaged a vendor, Cape Ann Economics, and has established a broad-based advisory committee with representation from health, education, parent and insurance groups to assist in the process of developing a plan.

EXPANSION OF HEPATITIS B VACCINE AVAILABILITY: Hepatitis B vaccine is now available for students in grades six through twelve. The initiative to immunize these students is supported by a partnership of the Joint Committee on Adolescent Hepatitis B Immunization of the American Academy of Pediatrics, the Massachusetts Immunization Action Partnership and the Rotary Clubs of Massachusetts. This fall more than 90 school districts have already begun implement this expansion. Interested school districts should contact Linda Keller at the Massachusetts Immunization to Program (Massachusetts Department of Public Health) at (617) 983-6818 or e-mail. Linda.Keller@state.ma.us. Please note that funding for this initiative may be limited to the next year or two.

UPDATE ON STATEWIDE EMERGENCY PREPAREDNESS GUIDELINES: A School Emergency Planning Council was formed subsequent to the May meeting of emergency medical, school-based health center and school nursing personnel. The Department had hoped to complete a draft of recommendations for *emergency preparedness* and *emergency training and education* for distribution to Council members this fall. The draft for emergency planning is still be developed.

The working draft of the emergency training has been distributed and a meeting was held on January 15, 1998, in Framingham. Please call Jonah Goldsmith at (617) 624-5430 for further information

DATA COLLECTION TOOLS: The School Health Unit continues to refine the data collection tools used by the Enhanced

School Health Services Programs. These tools include a program profile and monthly activity reports. Schools which have used them find that they form a basis for a report on school health services, which can then be shared with school administrators, the school committee, etc. If you would like copies of the tools and the1996-97 Enhanced School Health Services Data Report, please call Karen Adler, Office of Statistics and Evaluation, Bureau of Family and Community Health, Massachusetts Department of Public Health, at (617) 624-5531.

SAVE THE DATE: The Department of Public Health is sponsoring a young women's preventive health conference, "*Strong Minds, Strong Bodies, Strong Women,"* on January 29, 1998 at the Best Western Royal Plaza Hotel in Marlboro. The program is designed to provide educators, nurses and others with information and resources on the latest trends in health promotion and chronic disease prevention for young women. To receive a brochure or to register, call Adcare at (508) 752-7313.

THE MASSACHUSETTS VIOLENCE PREVENTION TASK FORCE

by Christine Farrell
Massachusetts Department of Public Health

The Massachusetts Violence Prevention Task Force is a broad-based, culturally inclusive collaboration of legislators, federal, state, local and community organizations and institutions committed to working together to attain peace, health and justice for everyone in our Commonwealth.

The Task Force's mission is to support and develop effective violence prevention initiatives by providing leadership and advocacy, promoting collaborations among organizations, developing and recommending policy, and promoting research and development.

The work of the Task Force is largely accomplished through its committees and working groups. Membership in the committees is open to any one who is interested. The current committees are the Prejudice/Discrimination-Based Violence Reduction Working Group, the Public Policy Committee and the Conference Planning Committee (May 1998).

The Task Force, in collaboration with the Department of Education, has awarded grants to 15 elementary schools to develop violence prevention programs within their schools. The schools received their second grant this year. The Task Force plans to highlight some of their programs at the conference in May, 1998.

For more information about the Task Force, contact Christine M. Farrell at (617) 624-5486.

PROJECT TEAMWORK

by Dexter Jenkins
Northeastern University

Students across the Commonwealth are dealing with violence, racism and discrimination on a daily basis. Can our students learn in environments where they do not feel important, valued, or safe? Surveys done in recent years by USA Today (1995) and Lou Harris and Associates (1993) illustrate why violence and racism must be discussed when looking at issues of public health.

- Nearly a quarter of all high school students worry about being physically attacked in or on their way to school.
- 41% said they were personally the target of a racial, religious, or gender-related incident.
- Only 19% of the students reported rarely or never hearing of such incidents.
- 91% of high school students believed their peers were prejudiced, while 77% of middle school students reported this about their peers.

Project TEAMWORK, a program of the Center for the Study of Sport in Society at Northeastern University has long realized the importance of dealing with race and violence in our schools. TEAMWORK uses the power of trained former and current collegiate athletes to encourage greater sensitivity among school age students and show them alternative ways of handling their conflicts.

Project TEAMWORK has four components:

1. A needs assessment is conducted at each elementary, middle and high school that TEAMWORK visits. TEAMWORK members meet with students, administrators, and teachers to look at the strengths and weaknesses at each school.

2. An assembly-style presentation is given at each school, based on recommendations from the needs assessment. Assemblies run 45 minutes and consist of TEAMWORK members sharing personal stories of dealing with violence, race, and other important issues from both a positive and negative viewpoint. The presentation is also used as a recruiting tool for the Human Rights Squads.
3. The Human Rights Squads are the most unique element of Project TEAMWORK. Human Rights Squads are groups of self-selected students who want to change their school and community. Squad members are given 10-12 hours of diversity and conflict resolution training. Squads are required to do 4 projects a year revolving around the theme of helping others in the area of race or violence. There are currently 20 Human Rights Squads: nineteen in Massachusetts and one in Rhode Island.
4. The Human Rights Squad Forum is the culminating event for the program. The forum is held annually at Blackman Auditorium on the campus of Northeastern. Squad members take part in a day of guest speakers, entertainment and workshops. The forum is a chance for students to visit a college campus and to meet other Squad members who are active in their school and communities.

Scars from racism, discrimination, and violence can lead to years of torment and under-achievement in all areas of people's lives. Project TEAMWORK's goal is to give students the life skills they will need in order to flourish in a changing society.

For more information on Project TEAMWORK call Sherri McClintock or Dexter Jenkins at (617) 373-4025.

RISKS OF YOUTH AND WEAPONS

by Ellen Connorton, MSW
Massachusetts Department of Public Health

The numbers are shocking -- reportedly, 20.4% of adolescents in Massachusetts carry a weapon (1995 Youth Risk Behavior Survey). Many youth feel unsafe and in need of protection. Adults can help children and their families understand that weapons do not protect.

Research on use of firearms shows that a weapon kept at home for protection against an intruder is 43 times more likely to be used against a family member. Young people can find weapons and accidentally shoot themselves or someone else. Children and adults cannot always distinguish a toy gun from a real weapon, and tragedy may result. Any weapons in the home should be stored unloaded, separate from ammunition, in a locked box or with a trigger lock. (Fact Sheet: Unintentional Firearm Injury: National SafeKids Campaign, Nov., 1995)

Youth--especially those who carry weapons--should be taught about the risks of injury. Anger is the greatest risk factor for violence. When someone gets angry and has a weapon, it is more likely to be used. The risk is even greater when a weapon is used in combination with anger, alcohol or drug use.

Carrying a weapon may give young people a reputation for being dangerous, which puts them at increased risk. Also, if police see a weapon they may assume a youth is dangerous and act accordingly.

Access to weapons can increase the risk of suicide. Those who become suicidal and have access to lethal means such as weapons are at great risk of completing suicide. More police

officers die from suicide with their own service weapon than are killed in the line of duty. (Koop, E. and Lundberg, Violence in America, A Public Health Emergency, JAMA, 1992, 267(22))

So-called "toy" guns may also present hazards. Air rifles and BB or pellet guns, while not actually classified as guns, make up the largest category of childhood injury due to weapons--*3/4 of youths injured by guns are injured by these "toy" guns*.

For more information about firearms and weapons safety, contact the Center to Prevent Handgun Violence, 1225 I Street, NW, Washington, D.C. 20005. (202) 289-7319.

UNDERSTANDING AND RESPONDING TO TEEN DATING VIOLENCE

by Carol Sousa
Massachusetts Department of Education

*R*ecently, school districts have focused increased attention on prevention and intervention programs that confront norms that may make gender-based violence or harassment acceptable in public schools. Teen dating violence prevention is of paramount concern, as is creating a school climate that is supportive and respectful.

Violence in teen dating relationships is a problem faced by many schools. A survey published by the Massachusetts Department of Probation, in April 1994, stated: *More than 57% of restraining orders issued against teenagers in Massachusetts are concerning a dating relationship. The majority, 87% of teenage batterers involved in dating violence, are male. The location where physical abuse is most frequently reported is in the schools. 84% of teenage dating violence occurring at school involves some type of physical violence.*

Teen dating violence mirrors adult domestic violence - it is based on controlling behaviors ranging from verbal and emotional abuse, physical assault, to murder and rape. In addition, teen dating violence is seen by some as a stage in an the intergenerational cycle of violence, linking witnessing or experiencing violence during childhood to perpetrating or experiencing intimate violence in adulthood.

Abusive teen dating relationships, like adult domestic violence, are characterized by:

- violence that affects people from all socio-economic, racial, and ethnic groups;
- repeated violence that escalates;
- violence that increases in severity the longer the relationship continues;
- violence and abusive behaviors interchanged with apologies and promises to change;
- an increased danger for the victim at the time of trying to terminate the relationship;
- occurrence in heterosexual and gay and lesbian relationships.

However, teen dating violence happens within the context of adolescent development; therefore, certain developmental aspects characteristic of adolescence may be affected. Typically a teen victim is isolated from her/his peers because of the controlling behavior of her/his partner. The following developmental tasks may be interrupted because of this isolation:

- achieving new and mature relationships with peers of both sexes;
- social role achievement;
- emotional independence;
- the ability to develop personal values and beliefs.

In addition, academic progress may be hindered. Because teens lack experience with intimate relationships, those in abusive relationships often have difficulty in defining abuse as problematic. Incidents of the adolescent victim using physical violence toward her/his partner occur with more frequency than between adult victims toward adult perpetrators. Young people may perceive possessive jealousy and controlling behavior as loving devotion.

Teens may be reluctant to seek help from adults. They fear, rightly or wrongly, that if they tell someone about the abuse, they will be seen as having done something wrong. They may also fear that newly gained privileges of independence will be taken away.

Developing a Comprehensive Response

In order to promote a safe school environment free of dating violence, a comprehensive school response is necessary. To assist schools in developing comprehensive responses to the issue of teen dating violence, the Department of Education developed **GUIDELINES FOR SCHOOL DISTRICTS ON ADDRESSING TEEN DATING VIOLENCE** which offer a number of recommendations. Understanding the laws is an important first step toward building a comprehensive response. Other components of this response should include:

- Developing a written school policy;
- Training for the school community to increase awareness;
- Establishing school based counseling, intervention services and resources;
- Fostering a school climate that has zero tolerance for dating violence.

For more information, please contact Carole Sousa, by phone or fax (617) 492-0395 or E-mail Sousa96@aol.com.

MASSACHUSETTS DATA ON TEEN DATING VIOLENCE

by Jeanne Hathaway, M.D., M.P.H.
W.A.T.C.H. Project

The Woman Abuse Tracking in Clinics and Hospitals (W.A.T.C.H.) Project is a five year project whose purpose is to establish a statewide system for tracking violence against women. The W.A.T.C.H. Project is currently implementing such a tracking system in 24 hospital emergency departments in Massachusetts. Participating hospitals receive training and are encouraged to screen all patients age 12 and over for intimate partner violence.

In addition, the W.A.T.C.H. Project has developed questions focusing on intimate partner violence for the Behavioral Risk Factor Surveillance Survey (BRFSS), a phone survey of adults 18 and over. Results of the 1996 Massachusetts BRFSS included the finding that 14% of women and 3% of men reported *ever* having been physically or sexually hurt by an intimate partner. With respect to teen dating violence in Massachusetts, 4.6% of all women and 0.3% all men reported that they were hurt by an intimate partner *before age 18*, *i.e.* women were over 15 times more likely than men to report having been physically or sexually hurt by an intimate partner before age 18.

The W.A.T.C.H. Project also developed a question on teen dating violence for the 1997 Massachusetts Youth Risk Behavior Survey (YRBS), a self-report survey of public high school students (grades 9 - 12). The question included in the 1997 Massachusetts YRBS is, "Have you ever been hurt physically or sexually by a date or someone you were going out with?" This would include being hurt by being shoved, slapped, hit, or forced into any sexual activity. Results of the 1997 Massachusetts YRBS will be released by the Department of Education in the spring of 1998.

For more information, please contact Jeanne Hathaway by phone: (617) 624-5490 or e-mail: jeanne.hathaway@state.ma.us.

TEEN DATING VIOLENCE GRANTS

by Christine Farrell
Massachusetts Department of Public Health

The Massachusetts Department of Education has awarded grants to 52 schools for the 1997-1998 school year for the development of comprehensive Teen Dating Violence Prevention programs. This is the third year that these grants have been made available. (The second year these schools received a continuation grant, and 7 new schools were awarded grants.)

The Department of Education and the Department of Public Health are working collaboratively with these programs. The Teen Dating Violence Grants Coordinator, Program Assistant, and Evaluator are located in the Department of Public Health in the Injury Prevention and Control Unit.

Also this year, there is a Child Witness to Domestic Violence Liaison, also in Injury Prevention and Control, who is cataloguing resources and training opportunities for educators around how to identify and work with children who witness domestic violence. The liaison will design a strategy for connecting schools with agencies which provide services to these children.

For more information on the Teen Dating Violence intervention and Prevention Program, call Christine Farrell at (617) 624-5486.

THE REVERE HIGH SCHOOL EXPERIENCE

by Maureen A. Anzuoni, R.N.

Four years ago, I transferred from an elementary/middle school to face the challenges of working as the nurse in our high school. Despite their reputation, I was excited to work with an adolescent population. I enjoy teen-agers and marvel at their creativity, resourcefulness and resilience. I knew I would be confronted with a host of issues including teen pregnancy, substance abuse problems and emotional/adjustment difficulties. I was not, however, prepared for the subtle, yet telling, messages I received from students regarding their dating relationships.

Too often I saw young students in the throes of depression because of the emotional tug-of-wars they were enduring in their relationships. Too often I saw students sporting bruises obtained while "horsing around" with their boyfriends and occasionally, their girlfriends. I soon recognized these as signs of abuse, a problem that I had previously thought only existed in adult relationships.

After this realization, my next step was to devise a way to advocate for these students. But how could I, as the school nurse, get people to listen to such concerns, acknowledge the problem and then assist in preventing/treating it?

I knew that my best promising asset in this situation was my mouth. After a few weeks of "bending the ears" of school personnel (especially those lucky enough to join me for lunch), the conversation soon evolved into action. With the support of many administrators, teachers, health professionals and other key staff members, our high school designed a program to provide a "safe haven" for students involved in teen dating violence.

Early stages of the project involved simply raising awareness (among the teaching and advising staff) that teen dating violence does exist in our schools. Training for teachers was supported by the Massachusetts Department of Education (DOE), and a curriculum component was added to the ninth grade health education program. Then we brought the issue to the forefront among our student population - posters were hung in high traffic areas (bathrooms, cafeteria, locker rooms, public phones, etc.) listing the symptoms of dating abuse and resources available within the school system for affected students.

With support from a DOE, grant which we were lucky enough to have received, the school system was able to offer our students plays and other activities focusing not only on dating violence, but on healthy relationships as well. Moreover, we were able to contract with a local women's shelter to facilitate ongoing support groups for victims of abusive dating relationships. We plan to offer a batterer's intervention group this winter.

The issue of teen dating violence is not going to disappear just by ignoring it. For all too many of our youth, both victims and batterers, dating violence is a vicious cycle from which they cannot escape without our sexual assault prevention and survivor help. Schools must take action to help ensure the safety of their
students by helping them to learn healthy life choices. What person is better situated to ignite this process than a school nurse?

SEXUAL ASSAULT PREVENTION AND SURVIVOR SERVICES, SEXUAL ASSAULT PREVENTION DEMONSTRATION PROJECTS

by Kathy Girod, Program Coordinator
Mass. Department of Public Health

"I learned wisdom and knowledge about sexual assault, leadership and sympathy." Anecdotal comment from a male peer leader in Lowell.

In addition to 19 rape crisis centers and a statewide Spanish language rape crisis hotline, the Massachusetts' Department of Public Health currently funds five community-based demonstration prevention projects. The projects, located in Amherst, Chelsea, Holyoke, Lowell, and Mattapan, stem from organizations with strong roots within the communities they serve. Each program has developed creative strategies to work with adolescents, with a major focus on males between the ages of 12 and 19 years from populations which have often been underserved. Community activities, promoted by teens for teens, range from dramatic performances to mentoring relationships and peer leadership.

Youth participants are educating their peers about how to prevent sexual assault, while learning leadership skills and gaining confidence at the same time. Long-standing cultural mores within the participants' communities around maintaining silence regarding sexual assault are now being challenged as teens speak out. One participant from the Haitian Sexual Assault Prevention Program in Mattapan summarized her experience like this: *"To me, I think it's important to talk about sexual assault because*

we are the ones who'll be taking over, to make a better path for the next generations that come after us. It's a very important issue, and not a lot of people are talking about it; we, the teens, are letting our voices be heard about the situation."

The Massachusetts Department of Public Health is pleased to support these five community agencies in a joint effort to prevent sexual assault.

For more information contact: Kathy Girod at (617) 624-5489, FAX (617) 624-5075, email Kathy.Girod@state.ma.us.

INITIATIVE ON SUBSTANCE-RELATED SEXUAL ASSAULT PREVENTION

by Marci Diamond
Massachusetts Department of Public Health

Governor Paul Cellucci has directed the Department of Public Health (DPH) to provide education about substance-related sexual assault on state college campuses. An interagency advisory group has begun to disseminate information in partnership with the Board of Higher Education, the State Police, the Governor's Alliance Against Drugs, and the Massachusetts Office of Victim Assistance. This partnership includes the pharmaceutical company Hoffman LaRoche, Massachusetts Coalition Against Sexual Assault, the Massachusetts College and University Public Safety Directors and others. Presentations have been made to campus police officers, school health professionals, service programs, teen dating violence prevention programs and victim advocate groups, requesting that information be incorporated into ongoing prevention education programs aimed at creating an environment in which no form of sexual or domestic violence is tolerated.

Growing attention to substance-related sexual assault in the media has focused on benzodiazepine, with a particular focus on Rohypnol (flunitrazepam), a sedative, and gamma hydroxy butyric acid, a depressant, both illegal in the US. These and other drugs are "slipped" to victims. The effects (e.g., amnesia, confusion, disinhibition) can be profound. Coma and death have occurred in rare instances.

For Rohypnol, urine must be collected within 72 hours, and samples kept refrigerated. The State Police Crime Lab can perform testing on samples included in sexual assault evidence kits. Hoffman LaRoche also offers testing accessible by calling 1-800-608-6540.

For free support services, DPH sexual assault prevention and survivor services programs across Massachusetts have 24 hour toll-free crisis lines. (See chart on page 13). The state police have a drug tip line: 1-888-766-3437. In an emergency, call 911. For more information call DPH: (617) 624-5457 or (617) 624-6067. Also see the Governor's Alliance Against Drugs webpage at www.state.ma.us/gaad.

MAKING SCHOOLS SAFE FOR GAY AND LESBIAN STUDENTS

by Kim Westheimer, MA
Massachusetts Department of Education

I have noticed as a nurse that students are teasing each other more and more about being gay and that they clearly need a place to discuss their sexuality and what it all means. What can we do about this? - High School Nurse

A *few months ago I witnessed a boy calling a female student a "------- dyke." The girl took the insult in silence and moved on like one used to hearing such things. I felt like a failure because I said nothing. What should I have done to change that?* - High School Teacher

These concerns are indicative of most school personnel's desire to create environments that foster learning, creativity and safety. Many staff however, feel ill equipped to handle situations like the ones above. Gay, lesbian, and bisexual (GLB) students can feel isolated and under attack from their peers. They may not feel supported, and current data show that this can be dangerous, even life threatening. Students who identify themselves as GLB or who have had same sex activity are four times more likely to have attempted suicide, missed school because of feeling unsafe, or been threatened or injured with a weapon at school. Data also show GLB youth to be at increased risk for substance abuse, depression and homelessness.

In an effort to counter violence and potential self-harm, the Massachusetts Department of Education, in conjunction with the Governor's Commission on Gay and Lesbian Youth, has developed the Safe Schools Program for Gay and Lesbian Students. The program provides training, technical assistance and funding to address the following state-wide recommendations which encourage schools to:

1) Develop policies protecting GL students from harassment, violence and discrimination;
2) Offer training to school personnel in violence prevention and suicide prevention specific to gay and lesbian students;
3) Offer school-based groups, such as Gay/Straight Alliances (GSAs);
4) Provide school-based counseling for family members.

The most visible results of the Safe School Program is the increase in GSAs in Massachusetts. These student clubs are places where all students can address homophobia, learn more about gay and lesbian history and provide support for each other. Currently there are well over 100 GSAs in Massachusetts public schools.

High schools can receive mini-grants from $500 to $2500 to fund GSAs or address the statewide recommendations. For more information or to bring a faculty in-service to your school, call Kim Westheimer at the Massachusetts Department of Education at (781) 388-3300 x405.

SUICIDE IN MASSACHUSETTS

Ellen Connorton, MSW
Massachusetts Department of Public Health

*W*hile Massachusetts has one of the lowest suicide rates in the US, the Youth Risk Behavior Survey indicates that 26% of high-school-age youth have considered suicide, 19% have planned a suicide attempt, and 10% has actually attempted suicide. About one third of adolescents who attempt suicide are gay/ lesbian/bisexual/transgender, or are questioning their sexual orientation.

Males succeed at suicide more frequently, but women make more suicide attempts. Overall, suicide exceeds homicide by about 2 to 1. For every completed suicide, there are approximately 25 suicide attempts.

Risk factors for suicide include hopelessness, stressful life circumstances, perceived isolation, questions about sexuality, substance abuse, (including legal and illegal drugs and/or alcohol), depression or other mental illness, history of abusive relationships, economic inequity, poor self esteem, access to lethal means, family history of suicide, and limited access to health and mental health resources. All comments about suicide should be taken seriously. Other warning signs include difficulty sleeping or eating, loss of interest in usual activities and preoccupation with death.

Youth who give away prized possessions, make a “will”, or take unnecessary risks should be taken seriously and assessed.

If you think someone may be suicidal, talk to them--discussion will not make them suicidal, and may save their life. Ask if they have ever seriously considered suicide--have they thought about how and when. It is critical to listen without judging. Don’t allow yourself to be sworn to secrecy. If the youth has planned means or set a date--or you feel you need support--do not hesitate to involve a counselor, school nurse, doctor, crisis center, mental health agency or other responsible adult or trained professional.

SCHOOL NURSES AS VITAL RESOURCES FOR FAMILIES EXPERIENCING DOMESTIC VIOLENCE

by Josephine Ryan & M. Christine King
University of Massachusetts at Amherst
School of Nursing

School nurses can play a very important role in helping children and their families live free of violence or cope with the effects of intimate partner violence and abuse.

Violence, in the context of intimate relationships, is endemic in the US. Each year, over three million women are physically, emotionally or sexually abused by intimate partners, resulting in serious health problems for affected women. The overwhelming majority of abused women have one or more children, most of whom witness overt and covert effects of domestic violence in their home setting.

Witnessing domestic abuse can have a profound effect on the emotional health of children. It has also been found that physically and sexually abused children are more likely to live in a family in which the mother is physically, emotionally, or sexually abused.

A school nurse or nurse practitioner who understands violence and its effect on children can be an important resource in identifying abuse, and instituting appropriate advocacy and intervention. It is essential that the safety of women and their children be the cornerstone of advocacy, with school nurses maintaining vigilant confidentiality and a belief in the importance of women's integrity and independence.

Violence and abuse among teenagers who are in dating relationships can be widespread but is often hidden. Again, the knowledgeable school nurse or nurse practitioner, in conjunction with other school personnel, can be a great help in raising consciousness, documenting prevalence, and assisting in developing strategies to prevent abuse in teen dating relationships.

In all instances of abuse among intimates, the school nurse has important responsibilities. What underlies actions on the part of the school nurse or nurse practitioner is accurate information about the nature and dynamics of violence. The following are the basic components of intervention in relation to intimate partner violence:

1. Assessment, referral and documentation for individual students and their parents;
2. Individual and group intervention, referral and client centered advocacy;
3. Development of effective personal social support systems;
4. Development of appropriate community support systems and outreach;
5. Preventive education and health promotion strategies for students and parents.

The University of Massachusetts Primary Health Care Project for Abused Women offers educational programs and clinical consultation designed to assist nurses in developing and implementing quality domestic violence programs. We can be reached at (413) 545-0066.

WORKING TOGETHER FOR THE SILENT VICTIMS OF DOMESTIC VIOLENCE: THE CHILD WITNESS TO DOMESTIC VIOLENCE PROJECT

by Janine P. Gannon, MSW
Family and Community Crimes Bureau
Office of the Attorney General

The Attorney General's Office, in collaboration with the Child Witness to Violence Project at Boston Medical Center, is implementing a statewide initiative to increase awareness of and enhance the response to children who live in violent homes.

This project responds to the growing need for professionals to understand the impact that witnessing violence has on all family members. Experts tell us that children who witness the abuse of a parent by an intimate partner are just as affected as children who are abused themselves. Their cognitive, social and behavioral development can be dramatically impacted. We have also learned that the safest and most effective way to address the complex needs of these families is to provide multidisciplinary, coordinated services at a local level.

The goals of the project are to raise community awareness and give professionals who encounter such children, the tools to identify, support, and assist them, as well as to foster the development of services within their communities.

Three primary components will begin in 1998:

1) Nine one-day regional trainings for medical professionals, educators, police officers, DSS workers and court personnel;
2) Three two-day clinical seminars for mental health providers to develop expertise in providing services; and
3) Technical assistance provided to individual communities.

We hope to offer continuing education credits for educators, nurses, licensed mental health providers and social workers.

The first regional training was held on January 7, 1998, in Pittsfield, and a second is scheduled for the Middlesex County region, in late January, 1998. Watch for the training in your area!

For information, contact Janine Gannon, Project Coordinator, Family and Community Violence Bureau, Attorney General's Office at (617) 727-2200 x2547.

BATTERER INTERVENTION SERVICES

by Helene Tomlinson
Massachusetts Department of Public Health

In 1991, the Massachusetts legislature passed a law which mandates that the Department of Public Health certify and monitor batterer intervention programs according to guidelines and standards developed by the Department. There are twenty-eight certified batterer intervention programs statewide which provide services to court-referred batterers. These services include intake and evaluation to determine eligibility for services, contact with local probation departments and victims to maintain victim safety, and a minimum of eighty hours of psychoeducational groups. The focus of these groups is the cessation of violence, victim safety and batterer accountability.

Batterer intervention services serve an important role in the work against domestic violence. These programs serve as an entry point into the victim services network for many victims. Through their work with criminal justice and law enforcement agencies, batterer intervention services are an important monitoring tool for perpetrators.

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If you believe that you've been sexually assaulted, free support services are available through your local sexual assault crisis center listed below. Please also seek medical attention. To report an assault, call your local police. In case of immediate danger, call 911.

Massachusetts Sexual Assault Crisis Centers

Everywoman's Ctr. - 888-337-0800
(Hampshire Co.)

NELCWIT - 413-772-0806
(Franklin Co./N.Quabbin area)

Eliz. Freeman Ctr. - 413-443-0089
(Berkshire Co.)

YWCA - 413-733-7100
(Hamden Co.)

RCC of Central MA - 800-870-5905
(Worcester Co)

WPS - 508-626-8686
(Framingham area)

Wayside - 800-511-5070
(Assabet/Blackstone Valleys)

RCS Lowell - 800-542-5212
(Lowell area)

WRC - 800-400-4700
(Lawrence area)

North Shore RCC - 800-922-7772
(North Shore)

NB Women's Ctr. - 508-999-6636
(New Bedford area)

New Hope - 800-323-4673
(Norfolk/Bristol Co.)

Womansplace - 508-588-8255
(Plymouth Co./South Shore)

SSTAR - 508-675-0087
(Fall River area, begins 10/1/97)

Independence House - 800-439-6507
(Cape Cod)

A Safe Place - 508-228-2111
(Nantucket)

WSS/MVCS - 508-696-SAFE
(Martha's Vineyard)

CPASA/RMSC - 617-442-6300
(Roxbury/Dorchester area)

BARCC - 617-492-RAPE
(Rt. 128/Boston area)

LINEA DIRECTA
EN ESPANOL
1-800-223-5001

PHONE LINES OPEN 24 HOURS

VIOLENCE PREVENTION
MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

RESOURCE LIST

Woman Abuse Tracking in Clinics and Hospitals (WATCH) A hospital emergency department-based surveillance system for intimate partner violence against women ages 12 and older. Contact Bonnie Tavares, (617) 624-5461.

Violence Prevention/Intentional Injury Program This office coordinates Department of Public Health efforts, and integrates with other state agencies, the public, and community-based programs to develop and expand efforts to prevent violence and intentional injury. Contact: Ellen Connorton, (617) 624-5459.

Batterer Intervention Programs The Massachusetts Department of Public Health certifies batterer intervention programs which serve court-referred batterers. Batterer intervention programs promote the cessation of violence and maintenance of victim safety. Contact: Helene Tomlinson, (617) 624-5459.

Rape Crisis Centers Sexual Assault Survivor Prevention, Survivor Services and Rape Crisis Centers (RCCs) provide direct services to survivors of rape, sexual assault, sexual harassment, and incest. Contact: Marci Diamond, (617) 624-5457.

Adolescent Violence Prevention These initiatives include Mentors in Violence Prevention (MVP), Project TEAMWORK, and the Jo Jo White Growth League. Contact: Ellen Connorton, (617) 624-5433.

Words Not Weapons A curriculum to prevent the use of weapons among high school students and prevent violence in schools through a peer leadership model. Contact: Ellen Connorton, (617) 624-5433.

UPDATES

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SCHOOL-BASED HEALTH CENTER NEWS

Coalition Award

The Massachusetts Coalition of School-Based Health Centers is the recent recipient of a grant from The McKesson Foundation. The grant of $125,000 over a three year period will enable the coalition to build upon its foundation by hiring a coordinator to be a consistent force for the coalition. The support will make it possible for the coalition to promote the delivery of quality, comprehensive care to children and adolescents across the state.

The Department of Public Health congratulates the Coalition and looks forward to our continued collaboration.

Up-Coming Meetings

The following is the 1998 schedule of school-based health center meetings:

Thursday, January 22, 1998
Tuesday, March 24, 1998
Thursday, May 21, 1998

The day long meetings are held at the Keefe Technical High School in Framingham. For more information about the meetings, please call Anne DeMatteis at 617/624-6473.

National Assembly on School-Based Health Care (NASBHC)

NASBHC's 1998 annual meeting, "Communities Creating Access to Care," will be held in Los Angeles, California, June 25-27, 1998. For further information, you may contact the Assembly office: NASBHC, 1522 K Street, NW, Suite 600, Washington, DC 20005, (202) 289-5400 telephone, (888) 286-8727 toll-free, (202) 289-0776 fax.

JOINT SCHOOL HEALTH INITIATIVES OF THE DIVISION OF MEDICAL ASSISTANCE, DEPARTMENT OF PUBLIC HEALTH, AND DEPARTMENT OF EDUCATION

During the fall of 1997, the Division of Medical Assistance, Department of Public Health and Department of Education have collaborated on two major issues affecting schools: (a) ensuring that families have access to information about health insurance and (b) expanding the Municipal Medicaid Program to include administrative services, many of which are currently being provided in school health service programs.

CHILDREN'S MEDICAL SECURITY PLAN/ MASSHEALTH SCHOOL-BASED INITIATIVE

by Sarah Barth
Division of Medical Assistance

The Commonwealth has launched a large scale school-based campaign aimed at increasing parent awareness of its recently expanded MassHealth and Children's Medical Security Plan (CMSP) health insurance programs for uninsured children and families. The statewide effort, which began in December, extends previous CMSP school awareness efforts. Students are bringing home a multi-lingual flyer that describes the state offered health insurance programs and provides toll free numbers for assistance or enrollment.

The push to reach uninsured children and

families is the result of significant state health care reform initiatives which resulted in an expansion of the MassHealth and CMSP programs. MassHealth, the Commonwealth's health insurance program (formerly known as Medicaid), recently expanded its eligibility criteria to include more people with low and moderate incomes. When combined with the Children's Medical Security Plan (CMSP), this means that *every* uninsured child in the state is eligible for health care coverage at little or no cost. Children and their families can enroll in MassHealth and receive full medical coverage (i.e. hospitalizations, check-ups, dental visits, therapies, prescription drugs, etc.). Through CMSP, children age 18 and younger can obtain primary and preventive health care. While the kind of coverage largely depends on the family's income, health insurance is now available for <u>all</u> Massachusetts children, regardless of income or immigration status.

According to state estimates, nearly 100,000 uninsured children live and attend school in Massachusetts. The level of success reaching and enrolling uninsured children will largely depend on the school's contribution to this effort. In the past, school principals, nurses and other school personnel have found the following to be effective ways to reach uninsured families:

- Identify students' insurance coverage on the school's emergency card completed by parents, and contact families who are uninsured. *Schools should consider adding a statement on the card which asks the parents if they want to be contacted about health insurance information;*

- Identify insurance coverage at kindergarten registration or other entry points such as transfers, and provide information to parents;

- Make information available to parents at all major school events - some parents may have lost insurance coverage during one school year.

During the 1996-97 school year, Massachusetts school personnel made a significant contribution to the effort to reach uninsured children. For more information on how you can help, or to order additional MassHealth/CMSP flyers, posters or brochures, please call Mike Richards from the Division of Medical Assistance at (617) 210-5736 or Margaret Casey from the Department of Public Health at (617) 624-6065.

On Wednesday, November 26, 1997, Governor Cellucci signed into law a bill which will expand both MassHealth and the Children's Medical Security Plan (CMSP).

CHILDREN'S MEDICAL SECURITY PLAN EXPANSION AS OF 7/98

CMSP's benefits were expanded to include the following contingient upon funding.

- Preventive dental care
- Prescription drugs up to a $200 limit (currently $100)
- Authority to increase the prescription benefit level to prevent hospitalization
- Authority to increase the $200 durable medical equipment limit to $500 to prevent hospitalization
- Authority to increase mental health visits by an additional 7 when clinically necessary (currently 13 visits)

The program expects to offer these expanded benefits to clients beginning July, 1998.

MASSHEALTH EXPANSION AS OF 12/97

- The Division will expand MassHealth to children through age 18 and to pregnant women with family income at or below 200% Federal Poverty Level (FPL).
- The Division will establish the benefit package for children between 133% and 200% FPL, provided the benefits include early and periodic screening, diagnostic and preventive services and other medical services and meet the requirements under Title XXI.
- The Division will grant presumptive eligibility for up to 60 days.
- The Division will charge copayments or deductibles consistent with the provisions of Title XXI, but includes a restriction on premiums unless legislation is enacted specifying the amount of the premiums to be charged, and such premiums are necessary to achieve budget neutrality.
- The expansion program shall not be construed as an entitlement.

MUNICIPAL MEDICAID PROGRAM EXPANSION

by Donna A. Manoogian
Medicaid Consultant

The Massachusetts Division of Medical Assistance is expanding the Municipal Medicaid Program. Your municipality may be participating as a Municipal Medicaid Provider under the current program. Beginning in 1992 the program provided reimbursement to participating municipalities for providing health-related services, as listed in the Individualized Educational Plan (IEP), to special education children only. Since then, the program has expanded to include students with a Prototype of 502.8 (Early Childhood), private duty nursing services listed in the grid of the IEP, home assessments and team meetings. An average of $40 million dollars is currently dispersed to Massachusetts cities and towns through this program.

The 1997 expansion of the Municipal Medicaid Program will provide additional reimbursement to municipalities for administrative activities performed by school nurses and school health personnel associated with administering well-child care for all students who are MassHealth members.

Under the expanded Municipal Medicaid Program, municipalities will receive the federal financial share for activities conducted by school personnel in the following areas:

-Outreach: Regarding well-child care and the availability of MassHealth and Children's Medical Security Plan as sources of health insurance;
-Identification and Referral: Identification and review of children's needs for health services; and,
-Coordination of Health Care Services: Coordination of care with the child's primary care provider.

Most of the activities listed above are services school health personnel currently provide to students.

The Division of Medical Assistance will identify children enrolled in MassHealth to municipalities (which are participating in the program) by providing a list of MassHealth members between the ages of 3 and 21. This report will facilitate communication and coordination regarding student health care needs by identifying each child's primary care provider or health maintenance organization. The Department of Education is recommending that all municipalities obtain parental consent prior to

sharing any information regarding MassHealth members with other MassHealth providers. During the month of October, 1998 the Division of Medical Assistance held orientation meetings with superintendents, school Medicaid administrators and school nurses. In December training sessions were held for those schools participating in the program. Should you have any questions regarding the Municipal Medicaid Program and its expansion, you may call John Seaver at (617) 210-5687 or Donna Manoogian at (617) 210-5688.

KINDERGARTEN ENTRY: A "CHECKPOINT" FOR HEALTH

by Anne H. Sheetz

Some school districts are using the child's kindergarten registration as an opportunity to review health status in preparation for entry. Experienced school nurses meet with the parents to review the following:

- ❒ **the child's immunization status, updating as needed;**
- ❒ **whether the child has a primary care clinician, referring to a local clinician as needed;**
- ❒ **whether the child or family has health insurance, and if not, beginning the enrollment process for Children's Medical Security Plan or MassHealth;**
- ❒ **the child's health history, and, if a special health care need is identified, beginning the development of an individual health care plan (IHCP), which can then be shared with the school nurse providing nursing services in the school building attended by the child.**

The family, the child and the school all benefit from this review and planning.

COORDINATING WITH PRIMARY CARE PROVIDERS TO PROMOTE THE HEALTH OF STUDENTS

by Anne H. Sheetz

The following are some tips from school nurses to enhance coordination with primary care providers:

- **Send a list of the school nurses, the buildings they cover, and their telephone numbers to local primary care providers;**
- **Include representation from the primary care providers on the school health advisory committee;**
- **Request that the PCP review the health education curriculum;**
- **With parent's permission, send regular feedback from the school health service program to the PCP regarding the student's response to ADHD regimen, using a recommended scale;**
- **Maintain an "asthma diary" for each child with asthma and provide regular feedback to the family and PCP.**

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NUTRITION ALERT

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CONCERNS RAISED OVER HERBAL DIETARY SUPPLEMENTS CONTAINING EPHEDRINE

by Adele Audet, R.Ph.
and
Joan Gancarski, MA
Massachusetts Department of Public Health
Division of Food and Drug

School health staff should be aware of the variety of dietary supplements now available. Students who believe they are not muscular, lean or energetic enough, hear that they can buy an amazing, all-natural, maximum strength, ultimate, exciting, herbal product that can help one feel and look better, more alive, more attractive and stronger. However such claims are often made for products that contain a potentially hazardous ingredient known as ma-huang, ephedra, or ephedrine.

What are these products? A diet pill? A pep pill? Something to make one more alert? Body-building powder? Capsules for a better work-out? No, they are actually dietary or nutritional supplements. The claims may not sound "dietary" but somewhere on the label the words "dietary supplement" can be found. In 1994 Congress passed a law, the Dietary Supplement Health and Education Act (DSHEA), that permits dietary supplements to be marketed without prior proof of safety or efficacy. That means that there doesn't need to be any evidence that the products are safe to use or that they do what they claim to do.

Ma-huang, or ephedra, has been used in Chinese medicine for over 3000 years but not as a dietary supplement. Chinese herbalists use it to treat asthma. Treating a disease is not the same as supplementing a diet. Ephedra is the plant source of a stimulant, ephedrine, that can have serious adverse effects on the heart and central nervous system ranging from dizziness and rapid heart beat to psychosis and heart attack. The potential for adverse effects is increased when other stimulant ingredients, such as caffeine, are added to the products.

There have been deaths associated with dietary supplements, containing ma-huang or ephedra, in each of the product categories. A male college student died in Florida after taking a product that was supposed to be a legal alternative to the illegal street drug, "Ecstasy." The death of a Massachusetts college student was associated with the consumption of a body-building protein drink. Also, a young mother's death has been attributed by her family to dietary supplements promoted for weight loss.

The Department of Public Health is concerned about these and other fatalities, as well as more than 600 adverse reactions to ephedra reported nationally. In response, *the Department has been warning people not to consume dietary supplements containing ma-huang, ephedra, or ephedrine* promoted as alternatives to illegal street drugs. Consumers are further cautioned not to consume herbal dietary supplements containing ephedra for increasing general health, athletic performance, or other reasons unless they have consulted a physician.

The Department requests that any cases of adverse effects related to these products be brought immediately to the attention of the Division of Food and Drugs at (617) 983-6700.

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
BUREAU OF FAMILY AND COMMUNITY HEALTH
DIVISION OF PREVENTION
SCHOOL HEALTH UNIT
250 WASHINGTON STREET, 4TH FLOOR
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FAX: (617) 624-5922 OR (617) 624-5075

Anne Sheetz, Director (617) 624-5070

Margaret Blum, School Health Advisor, (617) 624-5477 or (508) 851-7261

Janet Burke, Administrative Secretary, (617) 624-5471

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Anne DeMatteis, School-Based Health Center Program, (617) 624-5473

Diane Gorak, School Health Advisor, (617) 624-5493

Carlotta Hampton, Program Coordinator, (617)624-5494

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